



14. EDUCATIONAL QUALIFICATIONS:

Qualification	Year Obtained	Results				
O/L		A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> F
A/L		A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> F

15. VOCATIONAL/PROFESSIONAL QUALIFICATIONS:

Qualification	Institution	Area of specialization	Year obtained

16. State whether studies are undertaken at present at any other University/Higher Education Institution Yes/No

If yes, name of the Institute and course:

.....  
 .....  
 .....

17. PAYMENT INFORMATION (Registration)

- 1. Amount Paid : .....
- 2. Number of the Cash Receipt : .....
- 3. Date of the payment : .....

I certify that the above information is true to the best of my knowledge

.....  
 Signature of the Student

.....  
 Date

**FOR OFFICE USE ONLY**

The Student's records were verified and he /she is eligible to be enrolled as a student.

.....  
 Head of Division

.....  
 Date

.....  
 Head of Academic

.....  
 Date

.....  
 Assistant Registrar

.....  
 Date

.....  
 Director/CEO

.....  
 Date